| | ED 27 CED 1 124(a) | Docket Number (Optional) | | | |
|--|--|--------------------------|--|--|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | 741124-63 | | | |
| CERTIFICATE OF MAILING OR TRANSMISSION | In re Application of Dieter BUSCH | | | | |
| [37 CFR 1.8(a)] | Application Number: 09/729,422 Filed: December 5, 2000 | | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with | For: ERGONOMIC, INTERFERENCE SIGNAL-REDUCING POSITION | | | | |
| sufficient postage for first class mail in an envelope | MEASUREMEN'T PROBE FOR MUTUAL ALIGNMENT OF BODIES | | | | |
| addressed to Mail Stop AP, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313- 1450, or being facsimile transmitted to the USPTO | Group Art Unit: 2859 | Examiner: T.M. Reis | | | |
| at 703-872-9306 , on January 27, 2005 | | | | | |
| Signature Sattleink Mchase | Chlunte Mctrons | | | | |
| Name: Kathleen M. McManus | | | | | |
| This is a request under the provisions | of 37 CFR 1.136(a) to extend the period | od for filing a | | | |
| reply in the above identified application | | | | | |
| The requested extension and appropriation (check time period desired): | are entity fee are as follows | İ | | | |
| One month (37 CFR 1.1 | 7(5)(1)) - (\$60/\$120) | \$ | | | |
| | | \$225.00 | | | |
| Two months (37 CFR 1. | | \$ | | | |
| 1 | Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020) | | | | |
| | | | | | |
| Five months (37 CFR 1. | Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160) | | | | |
| Applicant claims small entity sta | tus. | · | | | |
| A check to cover the fee is enclosed | sed. | | | | |
| Payment by credit card. Form P | TO-2038 is attached. | | | | |
| The Commissioner has already been authorized to charge fees in this application to a Deposit Account. | | | | | |
| The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380(741124-63) I have enclosed a duplicate copy of this sheet. | | | | | |
| I am the applicant/inventor | | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | |
| attorney or agent of record. | | | | | |
| attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | |
| No DO | | ary 27, 2005 | | | |
| Signature | Janua | Date | | | |
| David S Safran 703-827-8094 | | | | | |
| Typed or printed name Telephone Number | | | | | |
| NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | |
| Total of forms are submitted. | | | | | |

SENU TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

| | | Docket Number (Optional) | | |
|--|---|-----------------------------|--|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | 741124-63 | | |
| CERTIFICATE OF MAILING OR | In re Application of | | | |
| TRANSMISSION | Dieter BUSCH | Lett. 1 | | |
| [37 CFR 1.8(a)] | Application Number: 09/729,422 | Filed: December 5, 2000 | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with | For: ERGONOMIC, INTERFERENCE SIGNAL-REDUCING POSITION | | | |
| sufficient postage for first class mail in an envelope | MEASUREMENT PROBE FOR MUTUAL ALIGNMENT OF BODIES | | | |
| addressed to Mail Stop AFt, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313- | Group Art Unit: 2859 | Examiner: T.M. Reis | | |
| 1450, or being facsimile transmitted to the USPTO at 703-872-9306, on January 27, 2005 | 0.004 12.012.00 | | | |
| Signatur Hathlew M. Me Maney | | · | | |
| Name: Kathleen M. McManus | - | | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | |
| The requested extension and appropria | | | | |
| (check time period desired): | * | | | |
| One month (37 CFR 1.1 | 7(a)(1)) - (\$60/\$120) | \$ | | |
| | Two months (37 CFR 1.17(a)(2)) - (\$225/\$450) \$225.00 | | | |
| • | | | | |
| | | | | |
| | ☐ Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160) \$ | | | |
| Applicant claims small entity stat | | | | |
| A check to cover the fee is enclose | sed. | | | |
| Payment by credit card. Form P | O-2038 is attached. | | | |
| The Commissioner has already been authorized to charge fees in this application to a Deposit Account. | | | | |
| The Commissioner is hereby auth | norized to charge any fees which may b | e required. | | |
| or credit any overpayment, to De | posit Account Number 19-2380(74112 | 24-63) | | |
| I have enclosed a duplicate copy | of this sheet. | | | |
| am the applicant/inventor | | | | |
| assignee of record of the | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| attorney or agent of reco | 🗷 attorney or agent of record. | | | |
| attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). | | | | |
| WARNING: Information on this form may become public. Credit card information should not be | | | | |
| included on this form. Provide credit card information and authorization on PTO-2038. | | | | |
| 1. DO 0 1 | | | | |
| U - 4 U - W | | y 27, 2005 Date | | |
| Signature | | | | |
| David S. S | | 27-8094 Telephone Number | | |
| Typed or printed name Telephone Number | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple | | | | |
| forms if more than one signature is required, see below. | | | | |
| Total of frame are sub | witted | | | |

SEND TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

W312565.1

FEE TRANSMITTAL **FOR FY 2005**

Parent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27 TO

| TAL AMOUNT OF PA | YMENT | \$225.0 |
|------------------|-------|---------|

| Complete if Known | | | |
|----------------------|------------------|--|--|
| Application Number | 09/729,422 | | |
| Filing Date | December 5, 2000 | | |
| First Named Inventor | Dieter BUSCH | | |
| Examiner Name | T.M. Reis | | |
| Art Unit | 2859 | | |
| Attorney Docket No. | 741124-63 | | |

| METHOD OF PAYMENT (check all that apply) | | | | FI | EE CALCULATION (continued) |
|---|--|-----------------------|-------------------------------------|----------------|--|
| Check Credit Card Money Other None | 3. ADDITIONAL FEES | | | | |
| Deposit Account: | | Entity | | Entity | T. D. a. Lettin |
| Deposit Account 19-2380(741124-63) | Fee Code | Fee (\$) | Fee Code | For (S) | Fee Description |
| Account 19-2380(741124-63) | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath |
| | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover |
| | | | | | sheet |
| Deposit Nines Deale de LLD | 1053 | 130 | 1053 | 130 | Non-English specification |
| Account Nixon Peabody LLP | 1812 | 2.520 | 1812 | 2.520 | For filing a request for an parte reexamination |
| | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner |
| The Commissioner is authorized to: (check all that apply) | 1000 | | 1805 | 1,840* | action Requesting publication of SIR after Examiner |
| Charge fee(s) indicated below Credit any overpayments | 1,805 | 1,840* | 1803 | 1,840* | action |
| Charge any additional fee(s) | 1251 | 120 | 2251 | 60 | Extension for reply within first month |
| Charge fcc(s) indicated below, except for the filing fee | 1252 | 450 | 2252 | 225 | Extension for reply within second month 225.00 |
| to the above-identified deposit account. | 1253 | 1,020 | 2253 | 510 | Extension for reply within third month |
| PEE CALCULATION | 1254 | 1,590 | 2254 | 795 | Extension for reply within fourth month |
| 1. BASIC FILING FEE | 1255 | 2,160 | 2255 | 1.080 | Extension for reply within fifth month |
| | 1401 | 330 | 2401 | 165 | Notice of Appeal |
| Large Entity Small Entity Fee Fee Fee Fee Description | | | 2402 | | |
| Code (S) Code (S) Fee Paid | 1402 | 330 | | 165 | Filing a brief in support of an appeal |
| | 1403 | 290 | 2403 | 145 | Request for oral hearing |
| 1001 790 2001 385 Utility filing fee | 1451 | 1.510 | 1451 | 1,510 | Perition to institute a public use proceeding |
| 1002 340 2002 170 Design filing fee | 1452 | 110 | 2452 | 55 | Petition to revive unavoidable |
| 1003 530 2003 265 Plant filing fee | 1453 | 1.330 | 2453 | 665 | Petition to revive unintentional |
| 1004 770 2004 385 Reissue filing fee | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |
| 1005 160 2005 80 Provisional filing fee | 1502 | 480 | 2502 | 240 | Design issue fee |
| 100 2003 00 110 2003 00 | 1503 | 640 | 2503 | 320 | Plant issue fee |
| SUBTOTAL (1) (S) 0 | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |
| | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property |
| Extra Claims below Fee Paid | | | | | (times number of properties) |
| Total Claims 6 -20** = 0 X = 0 | 1809 | 770 | 2809 | 38.5 | Filing a submission after final rejection (37 CFR 1.129(a)) |
| Independent 5 -9** = 0 X = 0 | 1810 | 770 | 2810 | 385 | For each additional invention to be examined |
| Claims Multiple Dependent X = 0 | 1801 | 770 | 2801 | 385 | (37 CFR 1.129(b)) Request for Continued Examination (RCE) |
| Mulipe Dependent | | | | | |
| Large Entity Small Entity | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design |
| Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$) | O4 | C (a.s.u.s.) | ا نعاد | | application |
| | Other | fee (speci | | | |
| | | | | | |
| 1201 86 2201 43 Independent claims in excess of 3 | *Redu | ced by Ba | nsic Filin | g Fee Paid | SUBTOTAL (3) \$225.00 |
| 1203 290 2203 145 Multiple dependent claim, if not paid | I | | | | |
| 1204 86 2204 43 ** Reissue independent claims over | l | | ("FDT | TEICATE (| OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] |
| original patent | 1 box | ehy certif | | | • |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent | I hereby certify that this correspondence is being: deposited with the United States Postal Service on the date shown below with sufficient | | | | |
| SUBTOTAL (2) (S) 0 | | | postage: | us first class | s mail in an envelope addressed to: Mail Stop, |
| **or number previously paid, if greater: For Reissues, see above | | | | | Patents, P. O. Box 1450, Alexandria, VA 22313-1450 |
| of author previously paners greater, for reconstructions | | | | | mile on the date shown below to the United States Patent and |
| | Jan | uary 27. 2 | | u | Fathler IN Me Hanis |
| Date Signature S | | | | | |
| Kathleen M. McManus Typed or printed name | | | | | |
| | <u> </u> | | | | |
| SUBMITTED BY | | | · · · · · · · · · · · · · · · · · · | 00.000 | Complete (if applicable) |
| Name (Print/Type) David S. Safran | - | tration N qey/Ager | | 27,997 | Telephone (703) 827-8094 |
| Signature Vo Sur Vo | TARION | qe yı rıger | :/_1 | | Date January 27, 2005 |
| Organica Co. | | | | | January 27, 2005 |

SEND TO: Commissioner for Patents P.O. Box 1450 Alexandrin, VA 22313-1450